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MISCELLANEOUS.

Alcoholic Neuritis in Old Age.

The Lancet.

In the last number of Brain Dr. Maude publishes a brief account of a most interesting case. The patient, who was a robust country gentleman of sporting habits, and used to an out-of-door life, had taken stimulants in considerable excess for at least twenty years. Even eighteen years ago no unusal daily allowance was half a gallon of beer, a bottle of sherry and eight or ten liqueur glasses of "neat" whisky. His favorite drink was beer, and even in the summer of 1894, although seventy-five years old, he would often consume two quarts of beer, a bottle of sherry, and half a bottle of whisky in a day. He had had no serious illnesses except broken bones from riding accidents and a fractured humerus at the age of seventy-three from a fall down-stairs one evening after dinner. During the year 1894 his great muscular power became much impaired, and toward the end of the year he began to complain of severe darting pains in the felt lower limb. A few weeks after the hands and feet began to swell rather suddenly, and the skin became thin and glossy, while there were small ecchymoses over it. A similar condition was present on the insteps of both feet, while the calves and thighs were edematous and the muscles shrunken. The knee jerk could not be elicited, and the pupils were small and did not react to light. The heart sounds were somewhat feeble, but were regular, and there was no sign of dilatation. Without any previous marked change in his symptoms he died suddenly after a few minutes' dispnœa about two months after the onset of the symptoms. Dr. Maude considers the case to have been one of peripheral neuritis, and directs attention fo several interesting points, such as the advanced age of the patient, the excess of his alcoholic indulgence, and the absence of mental change; the fact also that he was essentially a beer-drinker is interesting, with reference especially to the views of the late Dr. James Ross as to the kind of alcoholic beverage most likely to produce neuritis.

Man's Right to Death.

Exchange.

About a year ago Robert G. Ingersoll defended the right of man to commit suicide, and only a few weeks ago The Literary Digest reported on the discussion caused by the claim of a prominent New York physician that some men of the medical profession regarded it as the right thing to end the misery of a hopeless patient by hastening his death. In Germany, too, the question has had the attention of writers and thinkers, and a brochure, entitled "Das Recht auf den Tod"(The Right to Death)by Adolf Jost, which he calls a "social study," is attracting a great deal of attention.

The author proceeds from the standpoint that in our days the question as to the right of man under certain circumstances to put an end to his life is approaching a solution in the direction of an admission of that right. He is convinced that the naturalistic conception and philosophy of things, which does away with a Providence and a God as an actual factor and force in the goverment of the world and in the life of man, is rap-

idly gaining the upper hand. In the very outset he breaks with Christianity and the whole world of Christian thoughts and ideas. The beginning of the disintegrating process of Christian dogma he dates from the days of the philosopher Schopenhaur, and since then, Jost says, it is acknwledged that the feeling of "pity" or "sympathy" (Mitgefuhl) is the only fountain and source of morality and ethics. He also maintains that the faith in a world beyond the grave is a thing of the past, and is convienced that God is nowhere discarded with more determination than at the German universities.

Just what the run of his thoughts is in regard to his central ideas can be readily gained from a brief extract. He says:

"When we see a hopeless invalid tossing about with untold sufferings on his bed of sickness, with the dismal prospect that without any and every hope of recovery he will be compelled to endure and suffer for months and years; or when we go through an asylum for the insane and see the ravings of a hopeless case of lunacy, then, in spite of all sympathy that such a suffering must awaken, we ask ourselves the question: Have not these people a right to death? Has not human society the duty to cause them to die in as painless a manner as possible?"

Again he argues that when the social sufferings and condition of a man places him in such a state that he can be of no possible help to his fellow beings and is a burden to himself and others, and nothing but a burden, can under these circumstances the right to commit suicide be denied him? The author is of the opinion that in the case of the hoplessly sick the State should leave it to the individual decision of the invalid himself whether he is to continue to live or is to put an end to his life in a painless manner though medical aid. This would be the first step to reform in the case of those who suffer physically. In the case of the mentally sick the consent of the patient can not be secured and the decision should rest with the authorities on the basis of some objective criterion. In discussing these singular views German papers draw attention to the fact that only the infidel can make such a suggestion. A leading liberal paper reports on this proposition under the title of "The Unreasonableness of Unbelief," drawing special attention to Romans i, 22.

A Case of Sarcoma of the Lower End of the Femur—Amputation of the Hip Joint.

Read by Dr. R. W. Stewart before the Alleghaney County Medical Society.

This patient, J. H., age thirty-five, who has had a hip-joint amputation for sarcoma of the lower third of the femur, presents some points of unusual interest. He was admitted to the Mercy Hospital on May 13, 1895, suffering from what seemed to be a tubercular knee joint. The patient had been treated by Dr. Sheedy for this disease, and for such was subsequently treated by myself, by rest, tonics, counter irritation, and injection into the joint of a 10 per cent. iodoform emulsion. Under the latter treatment there seemed to be a distinct diminution in the size of the swelling. However, at the end of two months it was evident that the patient had lost ground, and that the knee was worse than when he was admitted to the hospital. I therefore decided to excise the joint. Accordingly, on July 5, I laid the joint open, and was surprised to find it perfectly normal, and that the whole disease was limited to the lower third of the femur, which was enlarged to twice its normal dimensions by the invasion of the neoplasm. The malignant nature of the disease was at once evident. But as amputation had not been contemplated, nor the patient's consent for such a proceeding obtained, I deferred further operative interference until I could obtain consent to a hip joint amputation.

In the meantime a specimen of the tumor removed at the operation was subjected to microscopical examination by Dr. Wasden, who reported it to be a round-celled sarcoma.

On July 9, assisted by Dr. Buchanan and the house staff, and in the presence of Dr.

J. B. Murdoch and others, I amputated at the hip joint after the method devised by Wyeth. This consists in passing long pins through the thigh at a point above the amputation in such a manner that the Esmarch bandage can be retained in position above the pins and the circulation controlled. In this case the operation was bloodless.

In the technique of the operation as devised by Wyeth, the femur is sawn through at the point of the transverse incision of the muscles, but in this case I adopted the method first suggested by Dr. J. B. Murdoch, not to divide the bone, but to use the whole limb as a lever to aid in the avulsion of the head of the femur from the acetabulum. This was accomplished without difficulty. This seems to me to be a distinct advance on Wyeth's method.

The patient suffered but little from shock following the operation, and made a good but uneventful recovery, and was discharged from the hospital September 7, 1895. At the present time, November 19, there is no evidence of a recurrence of the disease.

Ergot In Meningitis.

The Medical Age.

In the *New Orleans Medical and Surgical Journal*, Dr. I. F. Young condemns the opium treatment of meningitis as both unscientific and unsuccessful. He declares the indications are: To relieve the nerve strain, and to promote or produce quiet, refreshing sleep as a means to this end, which may be secured by bromides and chloral; to lessen or restrain inflammation by reducing the blood supply to the affected organs, which may be accomplished through bromides, belladonna, or ergot; to relieve hyperesthesia and tetanic muscular contractions—bromides, chloral and belladonna; to sustain the vital powers in the most careful manner; to avoid all remedies which will irritate, excite or impair the brain, or that promote stupor or impair digestion—quinine, alcohol, opium; keep patient in a darkened and well ventilated room; after the acuteness of the attack begins to subside, promptly institute measures to repair the damage already done—iodides and belladonna—a precaution often overlooked or too long delayed.

Dr. Young first gives calomel, followed by a bromide, and if there is high temperature some "simple fever drops," in the meantime awaiting developments. If the symptoms are severe, or the child large, he combines the bromide with chloral. If there is severe headache and it fails to yield to the foregoing, he administers drop doses of ergot, which he declares seldom fail to relieve the cephalalgia or the symptoms which so often occur in young children; indeed, he declares he has seen ergot relieve the spasms promptly in this disease when all the usual remedies, including opium, have utterly failed. He likewise applies cold to the head whenever indicated or agreeable; counter irritation along the spine and back of the neck with croton oil diluted with turpentine, whenever there is spinal irritation; small blisters behind the ears whenever stupor is increasing or there is approaching coma. It is very important to begin treatment as early as possible for the removal of the effusion, and as soon as the fever declines he recommends iodide of potassium with belladonna given every four or six hours, believing this combination secures better results than when either drug is given alone. He explains his use of belladonna as follows:

It assists the chloral and bromide very materially in relieving pain and quieting the patient. It aids in lessening the blood flowing to the brain; prevents the depressing influence of the chloral and bromide on the heart; stimulates the latter; elevates the temperature, which is inclined to fall below normal; dries the surface which is now bathed in perspiration, and promotes elimination by acting on the kidneys; overcomes constipation; quiets the nervous system without disturbing digestion or appetite; renders iodide of potassium much more tolerable to the system while increasing its efficacy; and last, but not least, has most marked stimulating action on respiration, which is usually irregular and sighing, sometimes rapid though usually slow, or

even temporarily arrested at intervals.

He further adds that since he has adopted the use of these remedies together with systematic and liberal nourishment, the patients, with few exceptions, on convalescence not only feel well, but recover the full physical and mental vigor.

The Duration and Chemistry of Digestion.

American Medico-Surgical Bulletin.

Leube's method for determining the duration of gastric digestion is as follows: The patient partakes of a plate of water gruel, a piece of beefsteak, and white bread. Seven hours after this meal the stomach is washed out. In condition of normal gastric digestion, it will be found that the stomach is empty, or that it contains only a few particles of the remains of the food.

For the purpose of investigating the chemistry of gastric digestion, Lube's method is again of value. To examine the contents of the stomach at the height of muriatic-acid digestion, we allow four to five hours to elapse after the exhibition of the test-meal; then empty the stomach of its contents by catheter, and examine qualitatively for the presence of free muriatic acid by means of the phloroglucen-vanillin test. Ewald has simplified this test. He gives a dry roll and lukewarm water, or a cup of dilute tea, which are taken fasting. With this test-meal the process is so shortened that in one hour digestion has reached its highest point, but it does not demonstrate the stomach's digestive capacity to the extent that Leube's does.

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645	Tonsilitis.

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DR. D. F. RODGERS, who was recently located at Marceline, Mo., in the employe of the coal company there, has now located at Ottawa, Kas.

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Topeka, Kansas, Saturday, Dec. 28, 1895.

Volume VII.

The present number closes the seventh volume of the JOURNAL. It has not been just what we wished it to be. We have many faults to find with our work, and yet we cannot but feel encouraged by the many kindly expressed words of praise and appreciation. It is impossible to suit everyone. The kind of literature that best pleases one class fails entirely with another, and as the patronage of a medical magazine is a great heterogenous mass of the profession there are many tastes and many minds to please, and each is entitled to some consideration in the makeup of the paper. We congratulate ourselves upon the fact that we have published some very excellent papers, which have been of great credit to the profession of the West and have marked a step in our scientific progress. During the history of the JOURNAL there has been a very marked improvement in the tone and quality of the papers which have appeared in its pages. There have been developed in our western field authors of no mean ability, men who write from experience and investigation and whose work is characterized by originality. The past year has been a hard one in every sense for the business management of all medical journals. Subscribers by indulgence on account of bad collections; advertisers find their expenses too heavy, and the publisher finds his income cut off at both ends. We believe we have not suffered more than others in this regard, and look anxiously forward for the improvement which is promised.

Occasionally a subscriber taken with a streak of economy finds he cannot afford the dollar for a year's subscription, occasionally one whom we have carried for a number of years and from whom we demand a little return, will in a very thankless way refuse to take his journal from the office and have the postmaster notify us of the fact. He is so busy he has no time to write us, let alone read medical journals. A great many men cannot appreciate the value of a thing which they have long owed for.

We are constantly reaching new territory and we gradually extend our efforts. We hope the appreciation of those who have long been our friends may still support us.

An impression seems to have gone out that the Kansas Medical College has been closed on account of the recent difficulties. How or where such a mistake originated is not at present known. There has been no intention on the part of the faculty to close the school. The usual holiday intermission began December 22d, as prescribed by the catalogue, and the session will reopen January 6, 1896. The college work has not been interrupted in any way, and it is not intended that it shall be. Plenty of dissecting material will be furnished for laboratory work.

Nocturnal Ptomaine Poisoning.

Modern Medicine.

M. Huchard, of the hospital of Necker, of Paris, has recently called attention in the *Bulletin General de Therapeutique*, to a form of auto-intoxication which he denominates nocturnal dyspnea of ptomainic origin. A case which he describes presented all the symptoms of dyspnea resulting from pulmonary or cardiac disease. A careful study of a number of cases of this sort has convinced M. Huchard that the dyspnea is not the result of cardiac or pulmonary disease, but is of toxic origin, or what he has termed toxic or ptomainic dyspnea. He prefers the latter term, since he believes the toxines to be of alimentary origin. The disease, according to him, manifests itself clinically under two different forms. In one form the dyspnea is provoked by slight exertion; in the other form it is spontaneous, and the paroxysms occur at night. These paroxysms are sometimes confounded with uremic poisoning, but differ from this condition in the fact that in uremia the poison is the result of the over-accumulation within the body of poisons which are natural to it, while in ptomainic dyspnea the symptoms are the result of the absorption of poisons generated in the alimentary canal.

M. Huchard observed that the symptoms of both forms of ptomainic dyspnea rapidly disappear under a milk diet, and reappear at once when the patient returns to a meat diet. His explanation of this is the fact that a meat diet "throws into the body a great quantity of ptomaines and toxines which are incompletely eliminated, owing to renal insufficiency, and thus become a cause of dyspnetic symptoms."

M. Huchard thus very graphically expresses an important physiological fact which bears not only upon this but upon many other forms of disease. "In order that the body may remain in health, it is necessary that one door should be opened and the other remain closed. It is necessary that the kidneys should be always open for the easy and prompt elimination of toxines. It is necessary that the liver should remain closed for rest and neutralization of toxines. The author recommends a milk diet as the best remedy for these cases, since, according to him, a milk diet has a triple therapeutic action in these cases. "It acts upon the kidney by inducing diuresis whereby the toxines are discharged from the body. It acts upon the liver, the functions of which it encourages. It acts upon the intestine, in which it secures not antisepsis, but asepsis, which is preferable."

That the dyspneic paroxysms occur at night is accounted for by M. Huchard by the fact that the urine is less toxic during the night; not, however, because the system manufactures less toxines during the night, but because the poisons are less actively eliminated, sleep, being a sort of auto-intoxication from the defect of renal elimination.

M. Huchard takes very positive ground in support of the doctrine that essential asthma, or so-called nervous asthma, is always the result of auto-intoxication. He also calls attention to the fact that the subjects of uric acid poisoning frequently exhibit symptoms of auto-intoxication, among which is dyspnea. This is the natural result of the irregularity in the action of the kidneys as shown by the exceedingly variable character of the urine, sometimes abundant and limpid, and at other times scanty full of urates. "Gout is to the arteries what rheumatism is to the heart, hence the gouty as well as the rheumatic suffer from symptoms of renal insufficiency; hence in all these cases the indication is for an increase of the elimination of the toxines through the kidneys."

A milk diet is recommended by M. Huchard in all these cases as a means of relieving an acute attack, but subsequently the patient is allowed to adopt a more general diet, provided meats of all kinds are excluded from his bill of fare, and employing, also, in connection with the vegetable diet, intestinal antiseptics. For this purpose there is nothing better than vegetable charcoal.

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Peroxide of Hydrogen.

By J. F. Parker, Ph. G., M. D., of St. Louis, Mo. Published by the Annals of Ophthamology and Otology, of St, Louis Mo, April, 1895.
(Abstract from The Times and Register, June 8, 1895.)

I have used peroxide of hydrogen quite extensively for cleansing discharging ears, the nasal and accessory cavities, and have tried all the brands of the preparation in the market, and once thought one manufacturer's make as good as that of another, and bought the cheapest as a matter of economy, but recent experience has taught me that the difference in quality is greater than the difference in price. After an unpleasant experience with a solution of peroxide of hydrogen which severely injured the mucous membrane, I bought and examined, chemically, a bottle of each preparation of H_2O_2 in the market, and was surprised to find so much difference. Some are useless, and others worse than useless because they contain too little available oxygen and too much free acids (phosphoric, sulphuric, hydrochloric). I now order Marchand's (medicinal) exclusively because I find it contains the desired quantity of available oxygen, and not enough free acid to be objectionable, and its keeping properties are all that could be desired.

By inquiry I learn that Marchand's is the preparation that is used by almost all surgeons, and it is considered by them the standard.

—[My personal experience with peroxide of hydrogen confirms entirely the statement of Dr. J. P. Parker. I have used exclusively Marchand's brand until lately, when I experimented with hydrozone. Then I gave up entirely the use of peroxide of hydrogen and use hydrozone on account of its strength, which cannot be compared with any other brand, even Marchand's. I must say that the results which I obtained with hydrozone are most gratifying.—ED.]

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